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DOSTON, WILL 021		By Mark	3			(Depositor's name)
		WALLE ABULEMEN	, ·			(Signature)
		A I HWI.				(Date)
APPLICATION NO.	FILING DATE	FIRST NA	MED INVEN	TOR ·	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/903,199	07/11/2001	Jack R. War			21486-032DIV4	1568
TITLE OF INVENTION: D	IAGNOSIS AND TREATM					
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE		TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$3		\$965 —	09/01/2004
EXAMINER		ART UNIT	CL	ASS-SUBCLASS		
CANELLA, KAREN A		1642	424-155100			
1. Change of correspondence address or indication of "Fee Address" (37 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. 1. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) POWI den CL, R I						
Rhole Island Hospital Providency, RI Please check the appropriate assignee category or categories (will not be printed on the patent); individual Accorporation or other private group entity of government						
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):						
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Advance Order - # of Copies						
Director for Patents is reque	sted to apply the Issue Fee a	nd Publication Fee (if any) o	r to re-apply	any previously paid	l issue fee to the application ide	ntified above.
other than the applicant; interest as shown by the re- This collection of informa obtain or retain a benefit application. Confidentiality estimated to take 12 minut completed application for case. Any comments on suggestions for reducing t Patent and Trademark (22313-1450. DO NOT S	Publication Fee (if require a registered attorney or agrords of the United States Patton is required by 37 CFR by the public which is to five 18 governed by 35 U.S.C. I less to complete, including gen to the USPTO. Time with the amount of time you this burden, should be sent Office, U.S. Department END FEES OR COMPLE for Patents, Alexandria, Virgor Patents, Alexan	ent; or the assignee or oth tent and Trademark Office. 1.311. The information is le (and by the USPTO to 22 and 37 CFR 1.14. This cathering, preparing, and sub I vary depending upon the equire to complete this for the Chief Information Office the Chief Information Office Tommerce, Alexandria TED FORMS TO THIS 4	required to process) an ollection is mitting the individual	08/26/2004 01 FC:2501 02 FC:1504 03 FC:8001	İ	3199 665.00 0P 300.00 0P 30.00 0P

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Date of Deposit: August 24, 2004 Attorney Docket No: 21486-032DIV4

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PLICANTS:

Wands, et al.

YAL NUMBER:

09/903,199

EXAMINER:

Karen A. Canella

FILING DATE:

July 11, 2001

ART UNIT:

1642

For:

Diagnosis and Treatment of Malignant Neoplasms

MAIL STOP: ISSUE FEE Commissioner of Patents

P.O. Box 1450

Alexandria, VA 22313-1450

TRANSMITTAL LETTER

Sir:

Transmitted herewith for filing in the present application are the following documents:

Response to Notice of Allowance and Issue Fee Due (1 pgs.);

PTOL-85, Part B - Fee(s) Transmittal Form (1 pg., in duplicate);

Check #19205 in the amount of \$965.00;

Check #19206 in the amount of \$30.00 for 10 copies of patent; and

Return Postcard.

If the enclosed papers are considered incomplete, the Mail Room is respectfully requested to contact the undersigned collect at (617) 542-6000, Boston, Massachusetts. The Commissioner is authorized to credit any overpayment or charge any deficiencies to Deposit Account No. 50-0311, Reference No. 21486-032DIV4. A duplicate copy of this Transmittal Letter is enclosed.

Respectfully submitted,

Ingrid Beattie, Reg. No. 42,306

Attorney for Applicants

c/o MINTZ LEVIN COHN FERRIS

GLOVSKY & POPEO, PC

One Financial Center

Boston, Massachusetts 02111

Tel.: (617) 542 6000 Fax: (617) 542-2241

Dated: August 24, 2004

Customer No. 30623

Express Mail Label No.: EV392132357US Date of Deposit: August 24, 2004

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Commissioner of Patents

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Alexandria, VA 22313-1450

RESPONSE TO NOTICE OF ALLOWANCE AND ISSUE FEE DUE

The present paper is filed in response to the Notice of Allowance and Issue Fee Due, dated June 1, 2004 for the present application. The required issue fee and an advanced order of ten (10) copies (\$30.00), and a copy of Form PTOL-85B are submitted herewith.

The Commissioner is hereby authorized to charge any additional fees that may be due, or to credit any overpayment, to Account 50-0311, Ref. No. 21486-032DIV4.

Respectfully submitted,

Ingrid A. Beattie, Reg. No. 42,306

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Boston, Massachusetts 02111

Tel: (617) 542-6000 Fax: (617) 542-2241

Dated: August 24, 2004

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